POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	7927	70891	1000
O.I.P.E. CLASSIFIER		1/2	1117/00
FORMALITY REVIEW	DW	22344	12-5-00
RESPONSE FORMALITY REVIEW			
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## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	l	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

	Restricted	0	Object	ed
Claim Date	Claim	Date	Claim	Date
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2 1 3	53		102	<del>┤┤╾</del> ┼┼┼┼┼┼
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5 1 1 1 1	55		105	
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7 1 1 1	57		107	
8000	58		108	
9477	59		109	
10	60		110	<del>-   -   -   -   -   -   -   -   -   -  </del>
11 12	62		112	+++++++++++++++++++++++++++++++++++++++
13	63		113	
14	64		114	
15	65		115	
16	66		116	
17 17 17	67		117	
73 7 7 6	68		118	
19	69		119	
20	70		120	
21	71		121	
22	72	<del>                                     </del>	122	
23 24	73		123	<del>                                     </del>
25	75	<del> - - - - - - -</del>	125	<del></del>
26	76	<del></del>	126	<del>                                      </del>
27 0 6 0	<del>                                     </del>		127	<del>-                                     </del>
28	78		128	
29	79		129	
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32	82		132	
33 34	83		133	╌┼╌┼╌┼╌┼╌┼
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36	86		136	<del>                                     </del>
37	87		137	<del></del>
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40	90		140	
41	91		141	
42	92		142	
43	93		143	<u> </u>
44	94	<del>                                     </del>	144	<del>                                      </del>
45	95	<del>                                     </del>	145	<del>- - - - - - - - - - - - - - - - - - - </del>
46 47	96	<del>╒╒┋┋</del>	146	<del>╸┧╶┨╺┧</del> ╌╂╼┩
48	98	<del>                                     </del>	148	<del>╸╽╶╽╶╽╸╏╸┨╶╏╶┦</del>
49	99	<del>╎╎╏╏</del> ┼┼┼	149	╅
50	100		150	
<del></del>				

If more than 150 claims or 10 actions staple additional sheet here